

**STATE OF MICHIGAN  
PROBATE COURT  
COUNTY OF**

**TESTIMONY  
INTERESTED PERSONS**

**FILE NO.**

Estate of \_\_\_\_\_

1. My name is: \_\_\_\_\_ My address is: \_\_\_\_\_
2. I am related to the decedent (or know his/her family) as follows: \_\_\_\_\_
3. The date and time of death of the decedent is \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ and at that time, his/her domicile (residence) was: \_\_\_\_\_ Address \_\_\_\_\_

**NOTE: FOR THE FOLLOWING QUESTIONS TREAT ALL PERSONS WHO DIED WITHIN 120 HOURS AFTER THE DECEDENT AS IF THEY DID NOT SURVIVE THE DECEDENT. List persons who died within 120 hours after the Decedent in item 14 below.**

4. The decedent ☐ did ☐ did not leave a surviving spouse named: \_\_\_\_\_
5. ☐ a. The decedent had the following children, both natural (born in or out of wedlock) and adopted: \_\_\_\_\_
- ☐ b. Of the children listed in 5.a, the following are no longer heirs due to an adoption by someone other than the step-parent: \_\_\_\_\_
- ☐ c. Of the children listed in 5.a, the following were not children of the surviving spouse: \_\_\_\_\_

**Answer question 6 only if question 5.a. was checked.**

6. ☐ a. The following children listed in 5.a. died before the decedent: \_\_\_\_\_
- ☐ b. Children listed in 6.a. left descendants (either natural or adopted) who survived the decedent. Their name(s) and the name(s) of their deceased parent and the relationship of their parent to the decedent is as follows: \_\_\_\_\_
- ☐ c. Of the children listed in 6.b, the following are no longer heirs due to an adoption by someone other than the step-parent: \_\_\_\_\_

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Do not write below this line - For court use only

**If decedent left no surviving descendant, complete 7.**

7. The decedent ☐ did ☐ did not leave a father and/or mother surviving named: \_\_\_\_\_  
\_\_\_\_\_

**If decedent is not survived by spouse, descendants or parents, complete 8. and 9.**

8. The decedent ☐ had ☐ did not have the following brothers or sisters, either natural or adopted, whole blood or half blood, who were not adopted by others and who survived the decedent:  
\_\_\_\_\_

☐ 9. One or more of the brothers and sisters of the decedent died before him/her leaving descendants, either natural or adopted, who were not adopted by others and who survived the decedent. The names of these descendants, and the name(s) of their deceased ancestor are:  
\_\_\_\_\_  
\_\_\_\_\_

**If decedent was not survived by spouse, descendants, parent, brother, or sister or children of deceased brother or sister, complete 10. and 11.**

10. The decedent ☐ did ☐ did not leave grandparents (both maternal and paternal) who survived the decedent named:  
\_\_\_\_\_

☐ 11. Both maternal grandparents and/or both paternal grandparents died before decedent. Their surviving descendants and their relationship to the grandparents are:  
Maternal grandparents: \_\_\_\_\_  
\_\_\_\_\_

Paternal grandparents: \_\_\_\_\_  
\_\_\_\_\_

☐ 12. The following heirs listed above are under legal disability. Their name(s), legal disability, and name of their representative are: \_\_\_\_\_  
\_\_\_\_\_

☐ 13. The following deceased heirs survived the decedent by more than 120 hours. Their name(s) and the name(s) of those who represent his or her interests are: \_\_\_\_\_  
\_\_\_\_\_

☐ 14. The following heirs did not survive the decedent by 120 hours. Their name(s), relationship to decedent, and date and time of death are as follows:

NAME	RELATION	DATE OF DEATH	TIME OF DEATH

☐ **The decedent left a will and some of the devisees named in the will and codicils are not heirs of the testator. A supplemental testimony form is completed and attached.**

\_\_\_\_\_  
Witness signature

Subscribed and sworn to before me on \_\_\_\_\_, \_\_\_\_\_ County, Michigan.  
Date

My commission expires: \_\_\_\_\_ Signature: \_\_\_\_\_  
Date Judge/Deputy register/Notary public Bar no.

\_\_\_\_\_  
Attorney signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Name (type or print)

\_\_\_\_\_  
Bar no.

\_\_\_\_\_  
City, state, zip

\_\_\_\_\_  
Telephone no.